

Dear Sirs,

Centennial Care is designed to provide health care services to the Medicaid population and control cost and provide predictability using capitated rates. I am only speaking from a pharmacy provider's perspective who has been providing services to these patients for over 25 years.

The most important aspect is providing access to care. As an independent community pharmacist serving both community and long-term care patients in rural New Mexico I am concerned. We have always provided a high level of care way above just filling prescriptions. The decline in product reimbursement and dispensing fees has deteriorated my margins to the point I am uncertain if I can continue to provide services to these patients. While there are other providers in the area, we are the only pharmacy who delivers, provides 24-hour services, and blister packages medications to assure compliance in fragile elderly, mental health, and many patients in group homes, shelter care, and long-term care.

COLTS and Centennial Care were supposed to improve care and serve as a wrap around benefit for patients in long term care, at least that is what I thought. The majority of medications are paid by Medicare Part D. We continuously struggle as the plans, using formulary, refuse to pay for the OTC medications our long-term care patients need resulting in us withholding those items or often providing them and never getting paid due to the patients limited allowance.

Adult immunization reimbursements vary depending on the MCO and most pharmacies don't participate with VFC. Would it be fair to say the MCO's should reimburse pharmacies the same as other providers? For flu shot, most providers get CPT 90471 \$20.80 as admin fee and CPT 90756 \$22.80 as compensation for the vaccine. Understanding enhanced and high dose vaccines would need to be compensated for a higher cost. Since pharmacies have become a primary source of all immunizations in NM, there should be requirements on MCO's to cover under the pharmacy benefit with a reasonable administration fee.

Pharmacies are a primary source of TB skin testing in NM but MCO's will not pay anything. The going rate is about \$40. Since TB is a concern and DOH quit offering this service in New Mexico, shouldn't this be a benefit provided under Medicaid?

Regarding the Opiate issue, we have been offering Naloxone and policing patients for years. I even had prescriptive authority before the blanket order from DOH. Our greatest obstacle with Centennial Care patients is the MCO's would not reimburse adequately to cover the cost of the Naloxone and not pay for us to prescribe and educate. There needs to be a new attitude from the MCO's toward us pharmacist fighting the battle on the front line. Managing these patients is difficult and time consuming and we are the ones who must deal with this every day.

Most compounded prescriptions for MCO's are converting solid dosage forms to liquid for fragile children. We usually just recapture cost and do it because we have to take care of these kids. I would propose Centennial Care look at the concept of level of effort codes to get MCO's to reimburse for the extra time, expertise and increased cost of regulatory compliance it takes to compound. I suggest following NCPDP accepted codes:

Level 11: <15 minutes-simple compound ingredient cost plus \$15

Level 12: 15-30 minutes- more complex (creams, suspensions, etc) ingredient cost plus \$30

Level 13: >30 minutes- even more complex (capsules, suppositories) ingredient cost plus \$45

Level 14: USP 797 sterile product compounds ingredient cost plus \$60

Transition of care is supposed to be a part of the MCO's responsibility. Since I provide medications for 90 percent of the LTC patients in Carlsbad it seems odd I have never spoken to a MCO representative during the hospital discharge and LTC admission process.

Many pharmacists, including myself, now have prescriptive authority for oral contraception. MCO compensation for birth control barely covers the cost of the medication so in the interest of public health the MCO's need to develop a mechanism for paying pharmacist for their new role in reproductive health.

New Mexico pharmacist's play an important role in helping patients deal with diabetes and other disease management, behavioral health medication, smoking cessation, immunizations, adherence and compliance. We have done this for years with our only compensation was from the dispensing of the product. Centennial Care needs to recognize the value and provide a mechanism for fair compensation for services we provide and in turn it will allow for the expansion of access to these service in New Mexico.

I don't mean to just complain but when asked about Centennial Care these are the thoughts that come to mind.

Sincerely,

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